

Vista Kids Preschool

Emergency Information and Authorization For Treatment and Transportation

Child's Name Last First Nickname Date of Birth

Child's Address Street City/State Zip code Home Phone

Parent's Address (if different then listed above) Street City/State Zip code

Parent/Guardian Name Cell phone/pager

Employer/School

Employer/School Address Street City/State Zip code Phone

Parent/Guardian Name Cell phone/pager

Employer/School

Employer/School Address Street City/State Zip code Phone

Alternate Emergency Contact:

1 Name Relationship Phone Number Cell Phone Pager

2 Name Relationship Phone Number Cell Phone Pager

Additional Person Authorized to Pick up Child:

1 Name Relationship Phone Number Cell Phone Pager

2 Name Relationship Phone Number Cell Phone Pager

Doctor's Name: Address Phone Number

Dentist's Name: Address Phone Number

Preferred Hospital: Address Phone Number

Allergies/Reactions

Chronic Illnesses/Special Needs

Medications

Insurance Information

Authorization for emergency medical care and transportation:

In the event of an emergency I hereby give my permission for child care staff to access emergency medical services for my child, including transport to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Parent/Guardian Signature Date Parent/Guardian Signature Date